LANCASTER COUNTY CORRECTIONS CEIVED TORT CLAIM FORM



JUL 0 5 2012

INSTRUCTIONS: Explain all details and facts relating to your claim; how your alleged loss occurred where it pecuried and when it occurred. List any witnessess (staff or inmates) and how you claim the department or employee was negligant. Place the original in an envelope addressed to the Department Director and give the envelope to a staff member who will forward it to the Director's office for investigation. Your claim will then be submitted to the Lancaster County Board for consideration. You will be notified of the Board's action so it is important that you provide your forwarding address & phone number.

Your Name: Smith	The		Phone #		io mamper,
Last	First	MI	Phone #:		÷
Address: Leos South	1 2th 5.7.	to insoln	NE	68	508
Date/Time of Loss:	Loca	ation of loss: 13	State	Zip (ode
Amount & Type of Claim: Amount \$ 4	52.00() Lo	st Property O	Damaged Pr	operty	Other
Explain Your Claim: (attach additional sheets if necessary)					
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our Signature: 150g Je	1	- Manage - One	Date:		
he following will be completed by staff Utaff Issuing Tort Claim ,		-tI O.C.			
Date & Time: 6/28/12 PSN: 502/	Dire	ctor's Office Rec'd: 1-2-13	Control#	JTIZ	2-14
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COUNTY CORRECTIONS DEPARTMENT

TORT CLAIM RECOMMENDATION FORM

NAME OF PERSON FILING TORT CLAIM: Troy Smith					
CONTROL NUMBER ASSIGNED: JT12-14					
INVESTIGATIVE FINDINGS: The investigation found that the "mouth guard," which is the subject of the claim, is actually a cosmetic apparatus which caps the natural teeth in yellow metal.					
It was inventoried onto Mr. Smith's personal property on 04/29/2012, and is therefore in the jail's					
booking area with the rest of his personal property. He has no medical need for this item. It will be returned to him upon release from custody. Denial of the tort claim is recommended.					
DATE: 07/02/2012 SIGNATURE: Brenda Holo					
DIRECTOR'S FINDINGS: <u>Inmate Smith does not need a "mouth guard" in order to eat. His teeth guard "grill" is in his property and will be returned to him upon his discharge from jail. I recommend the Board disapprove this claim.</u>					
DIRECTOR'S RECOMMENDATION: (CHECK ONE) X DISAPPROVED CLAIM WITHDRAWN DATE: 07/02/12 SIGNATURE: Michael Huben					
DATE SUBMITTED TO COUNTY ATTORNEY'S OFFICE: 07-03-12					
DISTRIBUTION: COUNTY CLERK (ORIGINAL) PERMANENT TORT FILE (DOC)					

JAIL ADMINISTRATORS

REPORT OF TORT CLAIM INVESTIGATION

DATE: July 2, 2012

TO: Mike Thurber, Director

FROM: Brenda Fisher, Programs Director

RE: Troy Smith Tort Claim #JT12-14

On 07/02/2012, the Director's office received Mr. Smith's tort claim, in which he alleges that a "mouth guard" was taken from him on an unspecified date, when he was escorted to booking for placement on suicide observation. He claims that this item has not been returned to him and he seeks \$452.00 compensation.

Summary of Investigation:

Mr. Smith's property inventory sheet was printed. The item he describes as a "mouth guard" is, in fact, a cosmetic apparatus which caps the teeth in yellow metal. It is more commonly referred to as a "grill." An item of this nature was inventoried onto Mr. Smith's property on 04/29/2012, which is also a date on which he was escorted to booking for placement on suicide observation. PSW Officer Mueller was interviewed and stated that he has personally seen the cosmetic dental item in Mr. Smith's property.

Charity Moody, RN, was asked by the investigator whether or not Mr. Smith needs this apparatus in order to be able to eat effectively. She stated that he does not, as it is purely for cosmetic purposes.

Findings:

The investigation found that the item referred to as a "mouth guard" in Mr. Smith's claim is in his inventoried personal property in the jail's booking area. This item is cosmetic, and will be returned to him upon his release from the jail's custody.